Olidei tile Fapeiwork Reducti	IOH ACLUI 1885	no persons are require	0 10 10	apolic to a collection of				
Effect	tive on 12/08/20	104.	١,,,	Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			<b>г</b> франовон гизанов		63,911	Conf. No.: 5631		
FEE TRANSMITTAL For FY 2009			ᆸ	Filing Date		January 10, 2006		
			First Named Inve	ntor Matti	Matti LAHTINEN			
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name		W. J. CARTER		
			_	Art Unit	2875			
TOTAL AMOUNT OF PAY	MENT (\$)	65.00		Attomey Docket I	No. 1503	-0187PUS1		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name:								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee								
Charge any additional fee(s) or underpayments of fee(s)								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FILING F	FILING FEES S Small Entity		CH FEES Small Entity		MINATION FEES Small Entity		
Application Type	Fee (\$)	Fee (\$)	ee (\$	) Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility	330	165	540	270	220	110		
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$)								
Fee Description Each claim over 20 (including Reissues)						52	26	
Each independent claim over 3 (including Reissues)						220	110	
Multiple dependent claims 390 195								
Total Claims	Extra Claim			Pald (\$) 0.00			Dependent Claims Fee Paid (\$)	
7 - 20 or HP = HP = highest number of tota		x=	· —	0.00		Fee (\$)	Fee Paid (\$)	
Indep. Claims	Extra Claim			Paid (\$)			_	
2 - 3 or HP =		X =		0.00				
HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
- 100 = 0 / 50 = 0 (round up to a whole number) x = 0.00								
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): First month extension of time fee 65.00								
SUBMITTED BY	1		Т	Registration No. 43	260	Teleph	none 703-205-8000	
(Attorney/Agent)								
Name (Print/Type) Paul/C. Lewis						Date	February 25, 2010	

This collection of information is required by 37 CFR 1.136. This information is regarded to datum or retires in branefit by the patic which is to the fand by the USFT Ob process) an application. Confidentially invested by 38 USE. CL 123 and 50 CFR 1.145. This collection is estimated to the 30 centered to complete, use the patient of the 10 centered by the 10 centered by 10 CFR 1.145. The will vary depending upon the individual case. Any comments on the amount of the pour require to complete his from another suggested for the reducing this buttern, should be sent to the Chief information Officer. U.S. Petent and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Abscandin, V. 22313-1460, DO NOT SEND PEES OR COMPLETED FORMIS TO THIS ADDRESS. SEND TO: Commissionary for Patents, P.O. Box 1450, Abscandin, V. 22313-1450.